

**COMBINED INVENTOR  
DECLARATION AND POWER OF ATTORNEY**

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CELL DERIVED ANTIGEN PRESENTING VESICLES**

the specification of which

- (check one) ☐ Is attached hereto.  
☐ Was filed on \_\_\_\_\_ and has been assigned Serial Number  
☒ Was filed on February 2, 1998, as Attorney Docket No. RILE.001.00US.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information known to me to be material to patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56 and, if applicable, all such information under 37 CFR § 1.56 which became available between the national or PCT International filing date of the prior application and the filing date of this application.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed	
<u>95202123.6</u>	<u>EP</u>	<u>03/08/1995</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(number)	(Country)	(Day/Month/Year Filed)	Yes	No
Prior Foreign Application(s)			Priority Claimed	
			<input type="checkbox"/>	<input type="checkbox"/>
(number)	(Country)	(Day/Month/Year Filed)	Yes	No
Prior Foreign Application(s)			Priority Claimed	
			<input type="checkbox"/>	<input type="checkbox"/>
(number)	(Country)	(Day/Month/Year Filed)	Yes	No



I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC §112 I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status)
* PCT/NL96/00317	5 August 1996	Published
(Application Serial No.)	(Filing Date)	(Status)
* designating the U.S.		

I hereby appoint:

BARBARA RAE-VENTER, Ph.D., Reg. No. 32,750  
VIOLA T. KUNG, Ph.D., Reg. No. 41,131  
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as my attorneys or agents with full power of substitution and revocation to prosecute my above-identified application for Letters Patent and to transact all business in the Patent Office connected therewith.

Direct all telephone calls to Barbara Rae-Venter, Ph.D. at (650) 328-4400.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.



Full name of first joint inventor: **GEUZE, Johannes J.**

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Full name of second joint inventor: **MELIEF, Cornelis J.M.**

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: Wilhelminapark 33, 2012 KC Haarlem, The Netherlands

Citizenship: Netherlands

Post Office Address: Same

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